

State Highway Traffic Safety Office
 Montana Department of Transportation
 2701 Prospect Avenue
 P.O. Box 201001, Helena, MT 59620

(406) 444-3675
 Fax (406) 444-9409

MONTANA HIGHWAY TRAFFIC SAFETY PROJECT REIMBURSEMENT CLAIM FORM

Submitted herewith for payment are listed expenditures in conjunction with (enter the name from page one of your contract) «ENTITY» _____ for State Highway Traffic Safety contract # «CONTRACT_» _____ for the period from _____ to _____.

Payment for this claim should be sent to: _____

My taxpayer identification # is: _____

A. Personal Services

1. Salaries \$ _____
2. Benefits _____

B. Contracted Services

C. Paid Media

D. Supplies & Materials

E. Maintenance Supplies & Materials

F. Other Direct Costs

1. Travel Expenses _____
2. Equipment Purchases _____

G. Indirect Costs

TOTAL COSTS \$ _____

I hereby certify that in accordance with the laws of the State of Montana and under the terms of the approved program listed above the actual costs claimed have been incurred for the purposes specified, that no claim has been presented to or payment made by the United States for actual cost reimbursement claimed herein. ***Supporting documentation, including time slips, invoices, disbursement vouchers, etc. are maintained and are available for audit.***

Project Director's Signature

Date